

Fill	in this information to	o identify your c	ase:									
Del	btor 1	Giovanni Ab	oreu			_						
	btor 2 buse, if filing)					_						
Uni	ited States Bankrupt	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A	_						
Cas	se number 19-	13200					Che	ck if this is	:			
(If kr	nown)			-			–	An amende	ed filing			
_										g postpetition ollowing date:		
<u>O</u>	fficial Form	<u> 1061</u>					ī	MM / DD/ `	YYYY			
S	chedule I: `	Your Inc	ome								12/15	
atta	ch a separate shee	et to this form.	ir spouse is not filing w On the top of any additi									
١.	information.	Jymem.		Debtor 1				Debtor 2 or non-filing spouse				
	If you have more tattach a separate		Employment status	Employed		☐ Employed						
	information about		, ,	☐ Not employed		☐ Not employed						
	employers.		Occupation	Material Handle								
	Include part-time, self-employed wo		Employer's name	East Penn Manufacturing								
	Occupation may in or homemaker, if	n may include student										
			How long employed t	here? <u>13 1/2</u>	years			_				
Pai	rt 2: Give Det	ails About Mor	nthly Income									
	mate monthly inco		ate you file this form. If	you have nothing to I	report for	any line,	writ	e \$0 in the	space. Ind	clude your no	n-filing	
-	ou or your non-filing : e space, attach a se	•	ore than one employer, co	ombine the information	on for all e	employer	s fo	r that perso	on on the li	nes below. If	you need	
						Fo	r De	ebtor 1		btor 2 or ing spouse		
2.			ry, and commissions (b calculate what the monthl		2.	\$	3	3,934.67	\$	N/A	-	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-	
4.	Calculate gross l	Income. Add lir	ne 2 + line 3.		4.	\$	3.9	34.67	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Giovanni Abreu	_	С	ase n	umber (<i>if ki</i>	nown)	19-13	3200		
						For Debtor 1			For Debtor 2 or		
					TOT DEDITOT T			non-filing spouse			
	Cop	y line 4 here	4.	-	\$	3,934	4.67	\$		N/A	_
_											_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$		4.41	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.		\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.		\$		0.00	\$		N/A	_
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.		\$		0.00	\$ \$		N/A	_
	5g.	Union dues	5g.		\$ 		0.00	\$ 		N/A	_
	5g. 5h.	Other deductions. Specify: Loan	5h.		\$			+ \$		N/A	_
•	-		_		'-			· : —			_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,842		\$		N/A	_
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,092	2.48	\$		N/A	<u> </u>
8.		all other income regularly received:									
	8a.	Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a.		\$		0.00	\$		N/A	_
	8b.	Interest and dividends	8b.	•	\$	(0.00	\$		N/A	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	8c.		\$	(0.00	\$		N/A	<u>.</u>
	8d.	Unemployment compensation	8d.		\$		0.00	\$		N/A	_
	8e.	Social Security	8e.		\$	(0.00	\$		N/A	<u>\</u>
	8f.	Other government assistance that you regularly receive									
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	3								
		Nutrition Assistance Program) or housing subsidies.									
		Specify:	8f.		\$	(0.00	\$		N/A	<u>.</u>
	8g.	Pension or retirement income	8g.		\$		0.00	\$		N/A	
	8h.	Other monthly income. Specify: Pro rated tax return	8h	.+	\$	477	7.75	+ \$		N/A	<u> </u>
9.	۸۵۵	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$:	1,227	7 75	\$		N/	^
٥.	Aud	an other moone. Add lines our object our object of togran.	٥.	L		1,22	1.73	L		14/	
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	2	220.22	+ \$		NI/A	= \$	2 220 22
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	<u> </u>	,320.23	+ \$_		N/A	= 5 -	3,320.23
							J				
11.		e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your		nde	ante v	our room	mata	e and			
		er friends or relatives.	асрс	iiuc	,,,,	your room	mate	, and			
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pa	y expens	es list	ed in S	chedule) J.	
	Spe	cify:							11.	+\$	0.00
12	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it										
12.											
	appl							,	12.	\$	3,320.23
										Comb	ned
											ly income
13.	'	you expect an increase or decrease within the year after you file this form	?								
		No.									
		Ves Evolain:									

Official Form 106l Schedule I: Your Income page 2